



Paperwork Attachment Cover Sheet

Paperwork Attachment Control Number: 1234567890-5555555-06012012

Date of Service: 06 01 2012

Billing NPI/API: 1234567890

Client ID Number: 5555555

Type of Attachment: EOB

Instructions:

This form is used as a cover sheet for attachments to electronic and paper Montana Health Care Programs (Medicaid; Mental Health Services Plan; Healthy Montana Kids; Indian Health Services Program) claims sent to the address below.

The Paperwork Attachment Control Number must be the same number as the Attachment Control Number on the corresponding electronic claim. This number consists of the provider's NPI/API, the client's ID number and the date of service (mmddyyyy), each separated by a dash (NPI: 9999999999-999999999-99999999/Atypical Provider ID: 9999999-9999999999-99999999).

This form may be copied or downloaded from the Provider Information website (<http://medicaidprovider.hhs.mt.gov/>).

If you have questions about paper attachments that are necessary for a claim to process, call Provider Relations at (800) 624-3958 or (406) 442-1837.

Completed forms can be mailed or faxed to: P.O. Box 8000
Helena, MT 59604
Fax: 1-406-442-4402